

Facilities Management Program Results Audit

FY 2003/2004

October 2005

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Introduction to Audit

This audit is intended to evaluate the effectiveness and accuracy of the performance reporting system in the Facilities Management Division of the Parks and Recreation Department for FY 2003/2004. It is part of the City of Sunnyvale's effort to audit all City programs over an eight year period.

Outcome Measurement in Sunnyvale

Measuring program performance and program outcomes has been a key feature of Sunnyvale's management system for more than two decades. Funding for City programs is not budgeted by line item, such as "salaries," but rather by the efforts or tasks undertaken in each program. These tasks are called "activities." Each activity has a budgeted number of dollars intended to cover the cost of carrying out the task. Each activity also has a budgeted number of "products" that management is expected to produce with those dollars.

Related activities are grouped together. The groupings are called Service Delivery Plans (SDPs). Taken together, these activities are expected to yield more than just the sum of the "products" of each activity. Collectively, they are expected to produce broad end results, or "outcomes," that can be measured. For instance, an activity that pays for workers to clean parks will yield a certain number of parks cleaned (the "products"), but also – in conjunction with other activities – will produce a measurable level of "public satisfaction" with parks (the "outcome.") Service Delivery Plans (SDPs) with similar purpose are then grouped together to form programs.

Audit Scope and Methodology

The purpose of this performance audit of the Facilities Management Program is to review the FY 2003/2004 results of the program and SDP measures and activities. Audit staff gathered and reviewed all written Standard Operating Procedures (SOPs) for the program's outcome measures and activities. Staff evaluated the methodology employed for reporting results for FY 2003/2004, as well as the documentation used for those calculations and the mathematical accuracy of the reported figures. Although some findings and recommendations may touch on the program's organization, operations, efficiency or efficacy, these elements were not the focus of the review.

Background

Facilities Management Program

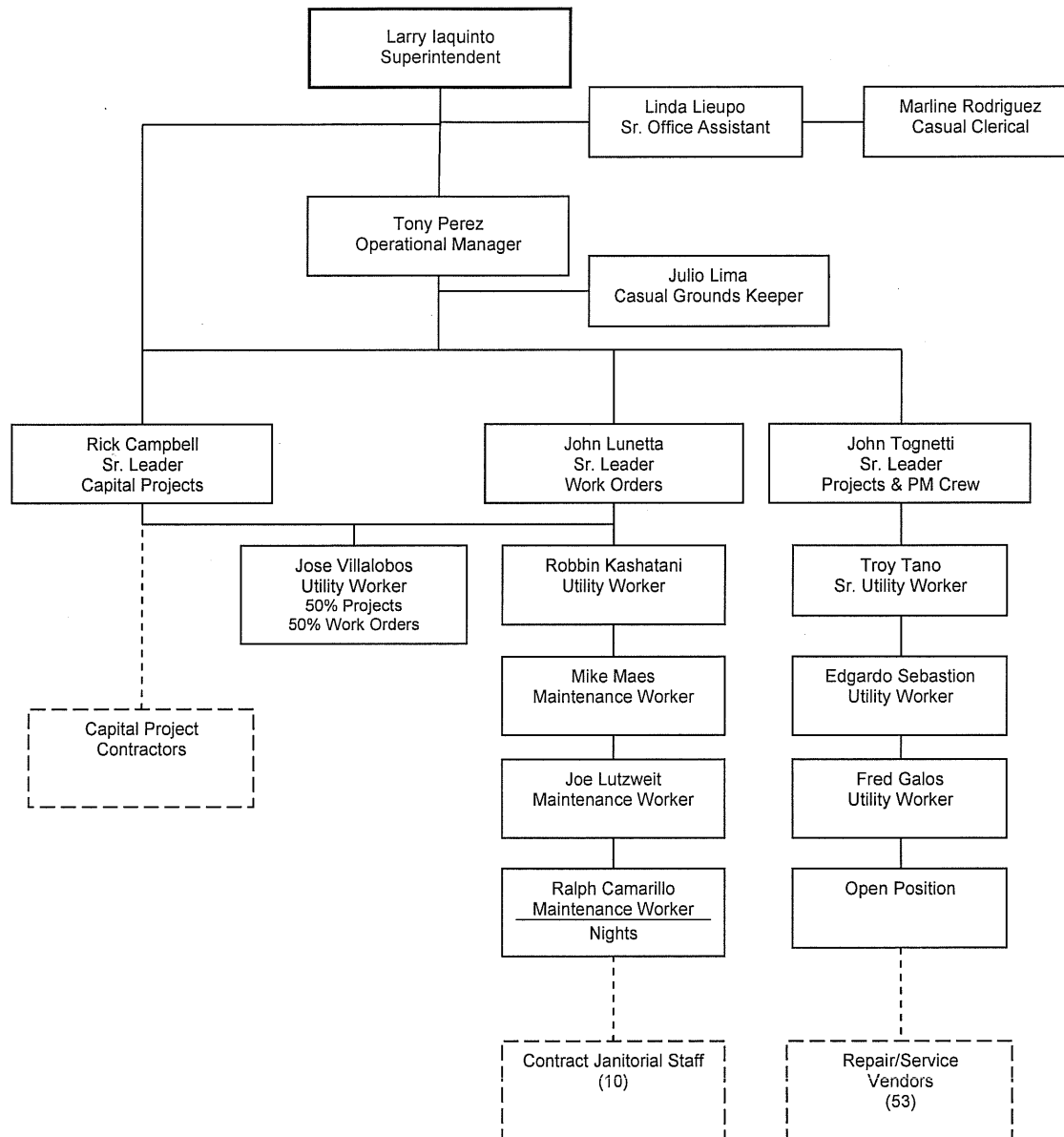
Facilities Management is a division of the Parks and Recreation Department. The mission of the Facilities Management Division outlined in the FY2003/2004 budget is to: "Support City operations with safe, clean, functional, attractive, and cost effective City-owned or leased facilities and furnishings for use by City staff and the community by providing:

- The provision of routine and scheduled janitorial services;
- The provision of completely preventative maintenance and requested repairs of structural, electrical, and mechanical systems including fixtures and furniture;
- The provision of providing facility furnishing, equipment, and related services."

To accomplish these goals, the resources of the Facilities Management Program (Program 769) are divided into the six SDPs listed below.

1. Janitorial Services
2. Preventative Maintenance, Repair, and Hazard Abatement
3. Facility Furnishings, Equipment, and Related Services
4. Administration and Operational Support
5. Provide Utilities for City Facilities
6. Provide Facility Services at Sunnyvale Office Center

Exhibit 1 on the next page is an organizational chart for the Program. During FY2003/2004, Facilities Management had a workforce comprised of two upper managers, three line supervisors (lead workers), twelve regular staff, ten contract janitorial staff, and fifty-three vendors who provide *ad hoc* electrical, plumbing, roofing, and other structural repairs/services for the Program. The Senior Capital Projects lead coordinates and manages approximately 50 capital projects.

Exhibit 1 - Organizational Chart for Facilities Management.

Facilities Management's budget can be found in the General Services section of the City's budget. As a support function, its costs are allocated into Sunnyvale's \$180 million Operating Budget. Exhibit 1 outlines the Facilities Management budget for FY 2002/2003 and FY2003/2004.

Exhibit 1 – Budget Allocations for FY2002/2003 and FY2003/2004

	Costs		Work Hours	
	FY 02/03 Budget	FY 03/04 Budget	FY 02/03 Budget	FY 03/04 Budget
Program 769 - Facilities Management				
<i>Service Delivery Plans</i>				
1 Janitorial Services	\$ 552,480	\$ 402,872	3,652	3,252
2 Preventative Maintenance, Repair, and Hazard Abatement	1,109,213	1,069,558	13,873	12,573
3 Facility Furnishings, Equipment, and Related Services	70,723	74,895	1,065	1,065
4 Administration and Operational Support	647,484	579,499	10,217	8,517
5 Provide Utilities for City Facilities	885,839	903,405	3	3
6 Provide Facility Services at Sunnyvale Office Center	287,036	280,013	3,801	3,601
Program Total	\$ 3,552,776	\$ 3,310,242	32,611	29,011

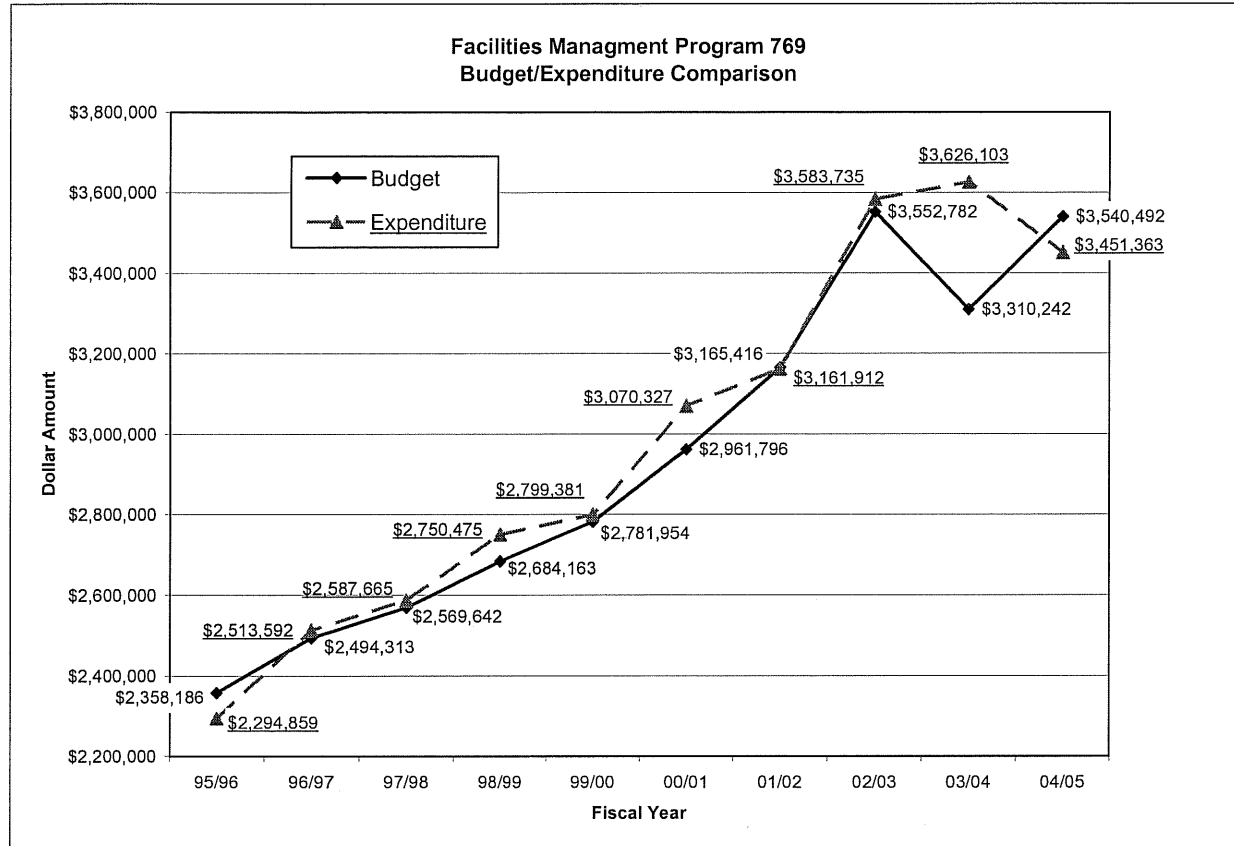
Source: FY2003/2004 Budget

The FY 2002/2003 budget provided \$3.6 million and 32,600 staff hours (approximately 18 staff members).¹ In FY 2003/2004, funding decreased by approximately \$243,000 and 3,600 hours (two FTEs).

Exhibit 2 on the next page charts budget and actual expenditures for Facilities Management over the past 10 years.² The chart shows expenditures exceeded budgeted amounts in 7 out of 10 years. In FY03/04 expenditures exceeded the budget by \$315,861. Expenditures in FY2004/2005 were \$89,129 less than the budgeted amount.

¹ Calculated at 1,800 hours per FTE.

² Fiscal year 2004/05 is outside the scope of this audit but is included in the chart because the information was available.

Exhibit 2 – Ten Year Budget/Expenditure Comparison

Source: Period 14 Management by Objectives reports for 10 years.

Acknowledgments

Gathering and compiling data can be a very time consuming process. The Auditor would like to thank the staff of Facilities Management and the Risk and Insurance Division of Human Resources for compiling data for the audit while juggling everyday operational commitments. Larry Iaquinto, Linda Duffley, and Tony Perez were extremely generous with their time.

Karen Willes was the primary auditor for this project. The report preparation was a collaborative effort by Sue English and Karen Willes. The Auditors would like to acknowledge the efforts of the following people in the Finance Department who made finishing this report possible: Nick Kurns, Kate Murdock, Sabrina Porter, Karen Miller, and Tim Kashitani.

Summary of Main Findings

Program and Citywide Issues

The Facilities Management Performance Audit is based on measures from the City of Sunnyvale's Performance Outcome Budget in Fiscal Year 2003/2004. The development of the Performance Outcome Budget was a multi-year project that introduced new approaches to measurement which were more complex than previous City budget systems. Some of the measures were standardized through the whole system. When the Performance Outcome Budget was implemented at the program level, there was often not adequate time to provide managers with all of the technical support and financial systems needed to implement the complex reporting systems.

While the City is now moving to a new and enhanced Performance Based Budget System for Fiscal Year 2006/2007, current performance audits evaluate data reported through the old Performance Outcome Budgeting system. There are several recurrent data tracking and reporting issues surfacing in recent performance audits that the City may want to address with the new system:

1. Some programs are recording and calculating reported results through the manual transmission of data from paper source documents into Excel spreadsheets. Some programs are still tracking information manually with paper documents only. Although these manual systems are very time consuming to manage, and inherent with human error, their development was necessary to provide some information to City Management until new systems could be developed. Automation would increase the integrity and accuracy of reported results while decreasing the need to take staffing resources away from organizational objectives.
2. Measures tend to be transient. Some measures use a 3 year average as a target but recent audits have shown that many of these measures change or are deleted before a 3-year average has been established. The transience of measures could be an indication of development or implementation flaws with the old system. On average, it takes a year working closely with management analysts to develop strategic performance measures that are linked to core business processes and to develop the supporting reporting systems. It then takes another year to refine and tweak the system. After this point, measures should be relatively stable because they are linked to the workflow of core business processes which usually do not change dramatically over time.
3. Measures that rely on data from evaluation and scoring systems are difficult for managers to implement without expertise in this area. Considering the resources necessary to design and implement an evaluation and reporting system, it is more cost effective to provide the expertise initially than trying to correct non-functioning systems.

4. Calculation and filing systems in many cases do not allow the auditor to reproduce results. In Facilities Management, original source documents were tallied onto spreadsheets and then dispersed and filed by individual vendors. This process made reproducing and/or verifying reported results impossible. Documents need to be cross-referenced to allow the individual items/products constituting a result number to be accounted for.

These four factors have influenced the findings of the Facilities Management Performance Audit. Data transmission is a particularly important issue for Facilities Management. They are currently developing a web based work-order management system but are faced with the daunting task of translating a large paper trail into an electronic trail. How databases are organized dictates the types of information that can be extracted in the future. Audit staff will be working with Facilities Management during the implementation phase of this audit to ensure the new database is tracking information in a usable manner.

Specific Findings

The audit examined 57 unique, active measures and activities. To verify accuracy of the reported results, auditors need to see the source documentation that is used to build the product numbers. Due to the data management issues mentioned above, this audit was unable to verify the reported results for 28 measures (49% of the 57 measures). Ten (10) of the 28 measures (18% of the 57 measures) could not be verified because they were either work hours or products such as square footage that do not require/generate source documentation other than Journal Vouchers or Time Cards. Eighteen (18) measures (32% of the 57 measures) could not be verified because support documentation was not cross-referenced on the calculation sheets and/or support documentation could not be found.³

Data was available for 29 measures (51% of the 57 measures). Of the 29 verified measures, auditors found 13 measures (46% of the 29 measures) were accurate.⁴ Two (2) measures⁵ (7% of the 29 measures) were calculated and reported inaccurately, although actual results valued by relatively small amounts. Three (3) measures (10% of the 29 measures) were reported inaccurately due to posting errors.⁶ Eleven (11) measures (38% of the 29 measures) were reported accurately from an index but the index did not correctly translate a rating scale into a percentage score.⁷ Had the index measures been correctly calculated, then the total number of accurate measures would have been 23 (40% of the 57 measures).

³ Portions of supporting documents could not be found for 4 measures, no supporting documents could be found for one measure.

⁴ Measures with minor rounding errors were considered accurate.

⁵ Outcome #3 and SPD 76906-1.

⁶ Activities 769019-21.

⁷ See Finding #1 of Program Outcome Measure #2.

All measures had written SOP documents. Thirty-eight (38) of the SOP documents need minor updating or major revision. Attachment 1 to this report is a calculation table for the above statistics.

As mentioned above, current calculation and filing systems in Facilities Management are not conducive to reproducible results. For the 14 activity measures listed below in Exhibit 4, the volume of paper required the auditors to pull a sample of three periods. The fluidity of the numbers across reporting periods became apparent during the audit. Numbers are often corrected throughout the year in different reporting periods by the Program; and reported results sometimes do not appear on the MBO system in the same period that they are reported. For these two reasons, Program records and Finance records for the reported products often will not match by reporting period until the end of the year.

Also, products were counted by the Program and then support documentation was filed without being referenced on the calculation sheets. Auditors could not reconcile reported results to all support documentation.

Although reported results can not be verified until a cross-referencing system is developed, the sample results outlined in Exhibit 3 show the total products for all samples pulled was within 3% of the of the reported results. Twelve (12) of the 14 samples (86%) were within 10% or 5 products of the reported result.

Exhibit 3: Sampling Results

Measure	Reported by Staff (sample)	Sample Result	Difference	% Difference	Results Close**
1 Activity 769002 (sample)	190	197.5	7.5	4%	1
2 Activity 769003 (sample)	500	508.5	8.5	2%	1
3 Activity 769004 (sample)	477	434	43	9%	1
4 Activity 769005 (sample)	7.5	6	1.5	20%	1
5 Activity 769006 (sample)	778.5	796.5	18	2%	1
6 Activity 769007 (sample)	120.5	120.5	0	0%	
7 Activity 769008 (sample)	119.5	65.5	54	45%	
8 Activity 769009 (sample)	32	37	5	16%	1
9 Activity 769012 (sample - svs prov.)	24	7	17	71%	
10 Activity 769013 (sample)	16	16	0	0%	
11 Activity 769014 (sample)	7.5	7.5	0	0%	
12 Activity 769023 (sample)	4	6	2	50%	1
13 Activity 769024 (sample)	26.5	30.5	4	15%	1
14 Activity 769026 (sample)	65	65	0	0%	
Total	2368	2297.5			8
Difference Between Samples & Reported for the Samples			70.5		
% of 2370 Products Reported for all Samples			3%		
# of Sample Results that Matched Reported for Sample Period			4		
# of Sample Results that were within 10% or 5 Products**			8		
Total			<u>12</u>		
% of Samples Taken			<u>86%</u>		

Section 1: Program Outcome Measure Details

Program Outcome Measure 1:

Facilities and furnishings are hazard-free with accidents attributable to unsafe conditions not in excess of the prior three (3) year average. Reported Result: 1

SDP Measures 76902.1 and 76903.1 stem from this Program Measure

This measure was part of the old Outcome Budget system and its structure was standardized by the system. The measure is being deleted in the new Performance Based Budget restructuring efforts for the FY 2006/07 budget.

The intent of this measure is to insure City space is hazard free by measuring the number of accidents attributable to unsafe conditions. The measure has not been in existence long enough to establish a 3 year average for comparison. There was only one accident claim in FY2003/2004 so the average reported was 1. This number was confirmed by the auditor with the Risk and Insurance Division of Human Resources.

Finding #1: This measure does not establish an acceptable standard of service, but rather sets the service level at past experience. The three year average only tells you what the current service level is, not where it should be according to policy and industry standards. Previous averages can include years that service standards were not met. If substandard levels are included in calculating future service goals, the targets can become skewed.

Recommendation #1: This measure was deleted in the new Performance Based Budget system. If this measure were to continue, it would need to change from setting goals using the average of previous service levels to setting goals using actual policy and/or industry standard service levels.

Finding #2: The measure wording and the SOP wording need to be consistent. The SOP counts the number of accident claims, not the number of accidents as specified in the measure.

Recommendation #2: This measure was deleted in the new Performance Based Budget system. If this measure was to continue, the measure wording would need to be updated to read "Facilities and furnishings are hazard-free with the number of accident claims attributed to unsafe conditions not in excess of the prior three year average."

Finding #3: The SOP documentation could use additional clarification. The three-year average had not been established for the time period this audit studied and the SOP did not specify what number should be used until the three year average was established. Nor did the SOP clearly outline calculation methodology.

Recommendation #3: This measure was deleted in the new Performance Based Budget system. If a measure similar to this is used in the future, the SOP needs to clarify what to do if there is no 3-year average.

Program Outcome Measure 2:

City maintained facilities and furnishings successfully pass 87% of safety inspections conducted annually to determine compliance with established, industry recognized safety criteria. Reported Result: 90%

SDP Measures 76902-2 and 76903-2 stem from this Program Measure

Related measures:

For Functionality: Program Measure #3, SDP Measures 76902-3 and 76903-3
For Cleanliness: Program Measure #4, SDP Measure 76901-1
For Attractiveness: Program Measure #5, SDP Measures 76901-3, 76902-5, and 76903-5

This measure is intended as a once a year professional assessment of overall facility condition to be done in addition to regular inspection schedules or customer surveys. Data for this and the related measures are gathered at the same time by the Facilities Management Supervisor walking through each facility with a single form and rating the safety, functionality, cleanliness, and attractiveness of each facility on a 1-5 scale. The average rating scale score is then translated into a percentage score. In FY 2003/2004, the average score achieved for safety was 3.5. Using the index shown below, the score was translated into the reported results of 90%. While the result reported was accurate based on the index, the percentages on the index were not translated correctly as will be discussed below in Finding #1.

Finding #1a: A complex index (shown below) was developed years ago in an attempt to help the program evaluator to convert a "meet standard" rating on the scale of 1 to 5 to the percentage score dictated by Council as the standard that needed to be met. The index has become institutionalized and was never questioned by auditors until now. The index appears to be an attempt by previous management to translate "passing grades" from one scale (1-5) to another scale (percentages). While the auditor understands the reasoning behind the creation of this approach, it does not accurately produce a mathematically correct result.

To calculate the measure correctly for the current wording, the Program needs to count the number of times an inspection receives a 3 or higher and then divide this number by the total number of inspections conducted, and then multiply the decimal result by 100% to convert into percentages. Auditors have cleared up the misunderstanding and the Program is very happy that they no longer have to create this complex index.

Finding #1b: Converting a rating scale into a percentage score adds another step to the process that does not provide any additional information. Reporting the average score provides a better illustration of how well the Program is doing.

Recommendation #1: Report actual average rating scores.

Facilities Management's Percentage Index:

FY 2003/2004 NUMERICAL TO PERCENTAGE INDEX				
Numerical Rating	Percentage Ratings			
	<i>Safety</i>	<i>Functionality</i>	<i>Cleanliness</i>	<i>Attractiveness</i>
1 – Unsatisfactory	1.0 – 75%	1.0 – 68%	1.0 – 68%	1.0 – 53%
	1.5 – 78%	1.5 – 71%	1.5 – 71%	1.5 – 56%
2 – Requires Improvement	2.0 – 81%	2.0 – 74%	2.0 – 74%	2.0 – 59%
	2.5 – 84%	2.5 – 77%	2.5 – 77%	2.5 – 62%
3 – Meets Standard	3.0 – 87%	3.0 – 80%	3.0 – 80%	3.0 – 65%
	3.5 – 90%	3.5 – 83%	3.5 – 83%	3.5 – 68%
4 – Exceeds Standard	4.0 – 93%	4.0 – 86%	4.0 – 86%	4.0 – 71%
	4.5 – 96%	4.5 – 89%	4.5 – 89%	4.5 – 74%
5 – Greatly Exceeds Standard	5.0 – 99%	5.0 – 92%	5.0 – 92%	5.0 – 77%

Finding #2: Creating a good evaluation tool is a difficult task. The Annual Facilities Inspection Form Example on the next page shows a portion of the evaluation form being used to rate facilities and furniture on safety, functionality, cleanliness, and attractiveness for this measure. The evaluation tool simply lists the components of the facilities (walls, sinks, furniture, locks, etc) and provides a box for a single score on a scale of 1 to 5 for “unsatisfactory” to “greatly exceeds.” Without lengthy and specific criteria for applying the rating scale to the building components being examined, ratings are subjective and can vary dramatically from person to person. Without consistency, the rating scores are meaningless. Currently, the program relies on the experience of the rater to assess overall condition and does not have written procedures for applying observations to the rating scale.

Recommendation #2: Create written procedures for applying observations to the rating scale or work with audit staff to develop a new evaluation tool that is less subjective.

Annual Facilities Inspection Survey Example:

Building Name:		FREMONT POOL BLDG		Date:		June 2004 (FY-2003/04)	
	Building Components	Safety Rating	Functionality Rating	Cleanliness Rating	Attractiveness Rating	Comments	
STRUCTURAL							
1	Signage	3.5	3.5	3.5	3.5		
2	<u>Exterior Walls:</u> Cracks, Paint, Eves, Cobwebs	3.5	3.5	3.5	3.5		
3	<u>Roofs:</u> Cracks, Wrinkles, Ponding, etc.	3.5	3.5	3.5	3.5		
4	<u>Doors:</u> Closer/Jams, Locks, Hardware....	3.5	3.5	3.5	3.5		
5	<u>Windows / Skylights:</u> Cracks, Framing	3.5	3.5	3.5	3.5		
6	<u>Interior Walls:</u> Paint, Cracks, Holes, Outlets	3.5	3.5	3.5	3.5		
7	<u>Ceiling:</u> Paint Condition, Cracks/Bulges	3.5	3.5	3.5	3.5		
8	<u>Stairs & Handrails:</u> Handrails, Paint, Varnish, Treads	---	---	---	---		
SUBTOTALS =		3.5	3.5	3.5	3.5		
FURNISHINGS:							
9	<u>Furniture:</u> Modular						
	Freestanding						
	Cabinets						
SUBTOTALS =							

Finding #3: The results for this measure are determined by self-evaluation, which poses a problem for producing valid objective results. No matter the honesty and integrity of the reporter, anyone with a vested interest in the results will bring a subconscious bias to the evaluation. Evaluations need to be done either by customers or an objective third party evaluator. It may be possible to create an internal evaluation system that would assign one user in each building to track problems and/or evaluate facilities for the safety, cleanliness, and attractiveness. If third party evaluation is not feasible, special care must be taken to create an evaluation tool that tries to limit bias on the part of the evaluator.

Recommendation #3: *Work with audit staff to develop an internal review mechanism using key customers identified throughout City facilities.*

Program Outcome Measure 3:

City maintained facilities and furnishings successfully pass 80% of functionality inspections conducted annually to determine compliance with established functionality criteria. Reported Result: 85%

SDP Measures 76902.3 and 76903.3 stem from this Program Measure

In FY 2003/2004, the average score achieved for functionality was 3.5. The result was reported as 85% using the index shown in Program Outcome Measure #2. While the auditor is mindful that the index is not correct as discussed in the previous section, based on the index used at the time, the result was also incorrectly reported. Based on the index, the reported result should have been 83%.

Finding #1: The result was incorrectly reported from the index.

Recommendation #1: Formalize a review process to double check that numbers are accurately transmitted onto reporting documents.

Finding #2: This measure is a continuation of Program Outcome Measure #2 for functionality. The same comments and recommendations apply to this measure.

Recommendation #2: See recommendations for Program Outcome Measure #2.

Program Outcome Measure 4:

City maintained facilities and furnishings successfully pass 80% of cleanliness inspections conducted annually to determine compliance with established cleanliness criteria. Reported Result: 81.5%

SDP Measure 76901.1 stems from this Program Outcome Measure

In FY 2003/2004, the average score achieved for cleanliness was 3.2 using the index shown in Program Outcome Measure #2. The score was translated into reported results of 81.5%. While the result reported was accurate based on the index, the percentages on the index were not translated correctly as discussed in Finding #1 of Program Outcome Measure #2.

Finding #1: This measure is a continuation of Program Outcome Measure #2 for cleanliness. The same comments and recommendations apply to this measure.

Recommendation #1: See recommendations for Program Outcome Measure #2.

Finding #2: Cleaning services are currently contracted to an outside vendor and Facility Management spot checks contractor performance at night. Facility Management does not have the staffing resources to perform the overall review as outlined in Program

Measure #2 more than once a year. Since cleanliness is a transitory condition, more than one review is needed per year to ensure quality standards are met.

Recommendation #2: Work with audit staff to develop an internal review mechanism using key customers identified throughout City facilities to ensure transitory conditions are reviewed more than once a year.

Program Outcome Measure 5:

City maintained facilities and furnishings successfully pass 65% of attractiveness inspections conducted annually to determine compliance with established attractiveness criteria. Reported Result: 66.5%

SDP Measures 76901.3, 76902.5 and 76903.5 stem from this Program Outcome Measure

In FY 2003/2004, the average score achieved for attractiveness was 3.3 using the index shown in Program Outcome Measure #2. The score was translated into reported results of 66.5%. While the result reported was accurate based on the index, the percentages on the index were not translated correctly as discussed in Finding #1 of Program Measure #2.

Finding #1: This measure is a continuation of Program Outcome Measure #2 for attractiveness. The same comments and recommendations apply to this measure.

Recommendation #1: See recommendations for Program Outcome Measure #2.

Finding #2: Functional items that may not have any "attractiveness" value are included in the average. The auditors noted that door locks and toilets were rated for attractiveness. Since the SOP for this measure does not define the attributes of *Attractiveness*, the auditor is unable to determine why locks and toilets would be rated in this category since they will never have an aesthetic form. Including such scores within average skews the results. For example, the June 24, 2004 evaluation of the Senior Center rated door locks at 3.5 for attractiveness, slightly exceeding maintenance standards.

Recommendation #2: Ensure only items with the quality being measured are included in the average

Finding #3: Attributes of Attractiveness are not defined. Without clear definition of the term "attractiveness" and the criteria for the rating scale, results are subject to the perspective of the rater. Additionally, the term "attractiveness" might lead one to believe that the Facilities Management Program is responsible for all aesthetics of all City Facilities including common areas and offices. As Facilities Management does not have the ability to dictate what furnishings each department decides to install in their offices,

use of this term without definition indicates a responsibility for areas exceeding their authority to manage.

If the intention of this measure is to measure normal wear such as scratching and chipped paint, it may be better addressed with a new evaluation tool that specifically identifies problems.

Recommendation #3: Work with audit staff to develop a new evaluation tool that is less subjective and can be incorporated into daily activities of the Program.

Program Outcome Measure 6:

Facilities Management staff met or exceed responsiveness standards for the following types of service requests:

- a. 24 hour response 90% of the time for emergency service requests, with the service request completed in 48 hours 90% of the time. Reported Result: 95%**
- b. 72 hour response 80% of the time for non-emergency service requests, with the service request completed in 11 days 80% of the time. Reported Result: 96%**
- c. 11 day response 85% of the time for information inquiries. Reported Result: 100%**

SDP Measures 76902-4 and 76903-4 stem from this Program Outcome Measure

This measure is intended to gauge departmental responsiveness to the initial call and timeliness of service completion for *emergency, non-emergency, and informational* service requests. Work-order data is kept on a large excel database that is maintained by the Senior Office Assistant and Casual Clerical help. Results are calculated by querying the system, pasting the results of the queries into separate worksheets, and calculating the result from these query worksheets. This system was developed internally by Facilities Management in an attempt to track work-order statistics. As of November 2005, a new web based tracking system prototype is being tested by Facilities Management and Sunnyvale's IT Department. The goal is to have the new system up and running for the FY 2006/2007 budget cycle. Results for this measure could not be verified for reasons outlined in Finding #3 below.

Finding #1: The measure attempts to summarize multiple results with one number. For example, in Part A, there is only one number reported to represent both emergencies responded to and emergencies completed. Both stages of the overall response have separate and distinct goals, however, the reported result is the average of the two scores resulting in a meaningless number.

Recommendation #1: Eliminate measures with multiple values.

Finding #2: Auditors noted that there was a gap in how responsiveness was calculated. Response time was calculated as the time the Office received the request to the time the Office Assistant generated the work-order. Completion time was calculated from the time the Senior Leader assigned the work-order to staff to when staff signed off that the work order was completed. The piece of the process missing is the time between when the work-order was generated to when the Senior Leader received the work-order.

Recommendation #2: Facilities Management and the IT Department should work with the Auditors to ensure the new work-order system is tracking all needed information and is using the correct data for calculating results.

Finding #3: To analyze the accuracy of the reported results, Facilities Management provided paper copies of the query result spreadsheets to the auditor. Due to a misunderstanding of what was needed by the auditor, the electronic file of the spreadsheet was not received until report writing was in its final stages. Some calculations to verify results were not possible due to the size of the paper files. Other calculations by the auditor from the paper data did not match the reported results. The difference in calculation results from the paper data could be caused by several reasons:

1. Certain types of calls, such as cancelled and internally generated (indirect) calls, should not be included in the calculating response time.
2. Cancelled and internally generated calls were marked in the spreadsheet by a font change. Excel does not recognize a change in font as a characteristic to sort or calculate by. When queries were extracted from the main worksheet, these call types were included.
3. Entry errors caused negative response times to appear on the spreadsheet. Differences in how the auditor and Program decided to count these entries could also contribute to the difference.

When the electronic version of the spreadsheet was received, auditors tried to reconstruct the reported numbers from the main file. Initial auditor coding on the main file indicated that the queries may not be capturing all the data from the main file. To ascertain exact numbers from the electronic file would delay the release of this report. It was decided not to delay the release of this report because the new work-order tracking system will address the accuracy issues from this finding.

Recommendation #3: None. The new work-order tracking system will address these issues.

Finding #4: The reporting structure does not measure the time to complete outliers (service requests that did not meet responsiveness standards). The measure is defined as percent of service responses that meet a response time goal of 24 hours, 48 hours, 72 hours, or 11 days. Defining a service responsiveness measure with a statement such as: "I will respond to emergency service requests within 24 hours 90% of the time," does not measure response time for the outliers (the 10% of response times where

service goals were not met). For example, would it be acceptable to Sunnyvale's leadership if the program responded to 18 emergency calls within 24 hours but 2 emergency calls took over two weeks for a response? According to the current measure as stated, in this example, the program would have met its service goal.

The auditor had the spread sheet calculate overall response time for non-emergencies. There were some entries on the spreadsheet that indicated a response time of 300+ days. Since there were some entry issues with casual staff, it is unknown if these high response times are accurate. With these high numbers in the analysis, the overall average response time for non-emergencies was 7 days from start (the time when the call came in) to completion (the time work-order was signed as completed). By correcting some of the high entries that could have been caused by entry errors, the overall average comes down to 6 days.

Recommendation #4: A better indicator for actual performance would be to report average response times for all service requests of the same nature (hazard, emergency, non-emergency, etc.) against a budgeted amount which should be the ultimate service target (i.e. 24 hours, 48 hours, etc.).

Finding #5a: The SOP documentation is incomplete. It contains no coding definitions and is missing calculation steps. The definitions of hazard, emergency, non-emergency, and information service requests were missing from the SOP documentation. The auditors noted some inconsistencies with the coding of requests by type in the calculation spreadsheets. Service requests that should have been coded as "met" were coded as "not met." Written definitions are needed for accurate and consistent coding.

Finding #5b: The five service goals for this measure are defined by percentages of service requests responded to, or completed within, specific timeframes. The SOP only describes how to determine completion times. The SOP does not explain how to determine response times and the percentage of requests meeting specified timeframes. The SOP also describes a complicated system that averages percentages by categories and multiplies by designated weight to derive a "score" at the SDP level. This and other parts of the SOP documentation are currently not being used by the department to calculate the results for this measure.

Recommendation #5: Ensure the SOP documentation accurately describes what will be counted, how it will be counted (when does the clock start and stop), and how data will be entered into the new system.

Finding #6: The calculation scale does not match the scale of the measure. The measure is defined with both hours and days, but the worksheet used to track service requests turn around times reports only in days. The requests completed on the same day are reported as "0" days. Since performance is based on different scales (hour and day) it would be better for the program to keep records in the least common

denominator (hour) and have Excel convert hours into days for those measures measured in days.

Recommendation #6: None. The new work-order tracking system will address this issue.

Program Outcome Measure 7:

The overall customer satisfaction rating for Facilities Management services is 68% or higher. Reported Result: 84.5%

SDP Measures 76901-2, 76902-6 and 76903-6 stem from this Program Measure

The result for this measure was obtained from the City of Sunnyvale 2004 Internal Customer Satisfaction Survey conducted by the Gelfond Group. The result is comprised of seven questions asking customers to rate Facilities Management on the safety, functionality, attractiveness and cleanliness of facilities and furnishings and on their responsiveness in making repairs. Staff totaled the response percentages of "neutral" and "favorable" for each question and then averaged the questions to derive the reported result. Auditors were able to verify the reported number is correct except for a rounding error. The reported result was 84.5%. The auditor calculated the result to be 84.57% which should have been rounded up to 84.6%.

Finding #1: The SOP Documentation is missing calculation steps. The Gelfond Survey includes nine questions regarding facilities in FY 2003/2004. Although the Program Superintendent keeps notes of which Gelfond questions to use for this measure on a copy of the survey, the SOP does not specify which seven questions will be used to determine results. The SOP also does not state how to calculate the percentage. The SOP needs to be updated to include this information.

Recommendation #1: Keep the SOP updated as to which survey questions to use and how to calculate the reported result.

Program Outcome Measure 8:

The Budget/Cost Ratio (planned cost divided by actual cost) is at 1.0. Reported Result: .92

Audit staff verified the result of this measure using the Management by Objectives report for the last accounting period (14) of FY 2003/2004. The budgeted amount for the program was \$3,310,191.88. The program spent \$3,626,103.48. The ratio reported for the measure is correct except for a rounding error. The result was reported as .92. The auditor calculated the result as .912 which would be rounded to .91.

No findings to note.

Section 2: Service Delivery Measure Details

Service Delivery Measure 76901-1:

80% of Facilities Management's quality standards for cleanliness are achieved annually. Reported Result: 81.31%

This SDP measure stems from Program Measures #2 and #4. The same comments and findings apply to this measure. Based on that index, the result was reported accurately as 81.31%. While the result reported was accurate based on the index, the percentages on the index were not translated correctly as discussed in Finding #1 of Program Outcome Measure #2.

Finding #1: This measure is a continuation of Program Outcome Measures #2 and #4 for cleanliness. The same comments and recommendations apply to this measure.

Recommendation #1: See recommendations for Program Outcome Measure #2 and #4.

Service Delivery Measure 76901-2:

Customer satisfaction with cleanliness and attractiveness of facilities and furnishing is 75% of all respondents. Reported Result: 74%

Finding #1: This SDP measure stems from Program Measure #7. Auditors were able to confirm reported results were accurate with source documentation. The same comments and findings for Program Measure #7 apply to this measure.

Recommendation #1: See recommendations for Program Measure #7.

Service Delivery Measure 76901-3:

65% of facilities management's quality standards for attractiveness are achieved annually. Reported Result: 66.5%

This SDP Measure stems from Program Measures #2 and #5. In FY 2003/2004, the result was reported as 66.5% using the index shown in Program Outcome Measure #2. While the result reported was accurate based on the index, the percentages on the index were not translated correctly as discussed in Finding #1 of Program Outcome Measure #2.

Finding #1: This measure is a continuation of Program Outcome Measures #2 and #5 for attractiveness. The same comments and recommendations apply to this measure.

Recommendation #1: See recommendations for Program Measures #2 and #5.

Service Delivery Measure 76901-4:

The Budget/Cost ratio is at 1. Reported Result: 0.73

Audit staff verified the result of this measure using the Management by Objectives report for the last accounting period (14) of FY 2003/2004. The budgeted amount for the program was \$402,872.03. The program spent \$500,407.97. The ratio reported for the measure is correct.

No findings to note

Service Delivery Measure 76902-1:

Number of claims due to hazardous building conditions are limited to the prior three (3) year average. Reported Result: 0.

Finding #1: This SDP Measure stems from Program Measure #1. All of the same findings apply for this measure except the SOP for this measure states that claims are the data source unlike the SOP for Outcome Measure #1. Facilities Management does not keep written records for this measure. Reported results were verbally verified with the Risk and Insurance Division of Human Resources who keeps these records.

Recommendation #1: See recommendations for Program Measure #1.

Service Delivery Measure 76902-2:

87% of Facilities Management's quality standards for facility preventative maintenance and repair for safety are achieved. Reported Result: 85.5%.

This SDP Measure stems from Program Outcome Measure #2. The average score for safety in FY 2003/2004 for this measure was 2.75. The score was translated into the reported results of 85.5% using the index outlined in Program Outcome Measure #2. While the reported result was accurate based on the index, the percentages of the index were not translated correctly as discussed in Finding #1 of Program Outcome Measure #2.

Finding #1: This measure is a continuation of Program Outcome Measure #2 for safety. The same comments and recommendations apply to this measure.

Recommendation #1: See recommendations for Program Outcome Measure #2.

Service Delivery Measure 76902-3:

80% of Facilities Management's quality standards for facilities preventative maintenance and repair functionality are achieved. Reported Result: 78.5%.

This SDP Measure stems from Program Outcome Measure #2. The average score for functionality in FY 2003/2004 for this measure was 2.74. The score was translated into the reported results of 78.5% using the index outlined in Program Outcome Measure #2. While the reported result was accurate based on the index, the percentages of the index were not translated correctly as discussed in Finding #1 of Program Outcome Measure #2.

Finding #1: This measure is a continuation of Program Outcome Measure #2 for safety. The same comments and recommendations apply to this measure.

Recommendation #1: See recommendations for Program Outcome Measure #2.

Service Delivery Measure 76902-4:

80% of Facilities Managements quality standards for facility preventative maintenance and repair for timeliness of response are achieved. Reported Result: 92%

This SDP Measure stems from Program Outcome Measure #6. Reported results use the same data sources as Outcome Measure #6 and SDP Measure 76903-4. This measure monitors the timeliness of response to facility related requests from the total of all maintenance/repair requests. This measure could not be verified as outlined in Finding #2 of Program Outcome Measure #6.

Finding #1: The measure lacks target information. Staff currently uses the goal of 11 days to measure if timeliness of response is met (same as the planned timeframe to respond to information inquiries in Outcome Measure #6). As mentioned in Outcome Measure #6, reporting average response time gives a more accurate account of departmental performance because it takes into account occasions when timeliness standards are not met.

Recommendation #1: Same as Recommendation #2 in Program Outcome Measure #6 - Report average response times against a budgeted amount which should be the ultimate service target (i.e. 11 days).

Finding #2: The SOP documents for this measure were copied from Outcome Measure #6, but not revised to be measure specific. The SOP does not indicate what data should be used or how to determine results for this measure.

Recommendation #2: Ensure copied SOP language from another measure is updated to be measure specific.

Service Delivery Measure 76902-5:

65% Facilities Management's quality standards for facility preventative maintenance and repair for attractiveness are achieved. Reported Result: 63%

This SDP Measure stems from Program Outcome Measures #2 and #5. The average score for attractiveness in FY 2003/2004 for this measure was 2.58. The score was translated into the reported results of 63% using the index outlined in Program Outcome Measure #2. While the reported result was accurate based on the index, the percentages of the index were not translated correctly as discussed in Finding #1 of Program Outcome Measure #2.

Finding #1: This measure is a continuation of Program Outcome Measure #2 and #5 for safety. The same comments and recommendations apply to this measure.

Recommendation #1: See recommendations for Program Outcome Measures #2 and #5.

Service Delivery Measure 76902-6:

Customer surveys indicate 68% are satisfied with Facilities Management's timeliness of response, the safety, functionality, and attractiveness of buildings. Reported Result: 85.8

Finding #1: This SDP measure stems from Program Measure #7. Auditors were able to confirm reported results were accurate using source documentation. The same comments and findings for Program Measure #7 apply to this measure.

Recommendation #1: See Program Measure #7 recommendations.

Service Delivery Measure 76902-7: Budget/Cost ratio is at 1. Reported Result: 1.02

Audit staff verified the result of this measure using the Management by Objectives report for the last accounting period (14) of FY 2003/2004. The budgeted amount for the program was \$1,069,557.16. The program spent \$1,054,283.88. The ratio reported for the measure is correct except for a rounding error. The reported result was 1.02, while the auditor calculated 1.01.

No findings to note

Service Delivery Measure 76903-1:

Number of claims related to the ergonomics of office furniture are limited to the prior 3 year average. Reported Result: 1

Finding #1: This SDP Measure stems from Program Outcome Measure #1. The same comments and findings apply to this measure. Facilities Management does not keep written records for this measure. Reported results were verbally verified with the Risk and Insurance Division of Human Resources who keep these records.

Recommendation #1: See Program Outcome Measure #1 recommendations.

Service Delivery Measure 76903-2:

87% of Facilities Management's quality standards for facility furnishings and equipment safety are achieved. Reported Result: 91%

This SDP Measure stems from Program Outcome Measure #2. The average score for safety in FY 2003/2004 for this measure was 3.55. The score was translated into the reported results of 91% using the index outlined in Program Outcome Measure #2. While the reported result was accurate based on the index, the percentages of the index were not translated correctly as discussed in Finding #1 of Program Outcome Measure #2.

Finding #1: This measure is a continuation of Program Outcome Measure #2 for safety. The same comments and recommendations apply to this measure.

Recommendation #1: See recommendations for Program Outcome Measure #2.

Service Delivery Measure 76903-3:

80% of Facilities Management's quality standards for facility furnishings and equipment functionality are achieved. Reported Result: 83%

This SDP Measure stems from Program Outcome Measure #2 and #3. The average score for functionality in FY 2003/2004 for this measure was 3.56. The score was translated into the reported results of 83% using the index outlined in Program Outcome Measure #2. While the reported result was accurate based on the index, the percentages of the index were not translated correctly as discussed in Finding #1 of Program Outcome Measure #2.

Finding #1: This measure is a continuation of Program Outcome Measure #2 for safety. The same comments and recommendations apply to this measure.

Recommendation #1: See recommendations for Program Outcome Measure #2.

Service Delivery Measure 76903-4:

80% of Facilities Management's quality standards for facility furnishings and equipment timeliness are achieved. Reported Result: 90%

This SDP Measure stems from Program Outcome Measure #6. Reported results use the same data sources as Outcome Measure #6 and SDP Measure 76902-4. This measure monitors the timeliness of response to furniture/equipment related requests from the total of all maintenance/repair requests. This measure could not be verified as outlined in Finding #2 of Program Outcome Measure #6.

Service Delivery Measure 76902-4:

Finding #1: This SDP Measure stems from Program Outcome Measure #6. The same comments and findings for SDP Measure 79602-4 apply to this measure.

Recommendation #1: See recommendations for SDP Measure 79602-4.

Service Delivery Measure 76903-5:

65% of Facilities Management's quality standards for facility furnishings and equipment attractiveness are achieved. Reported Result: 66.5%

This SDP Measure stems from Program Outcome Measures #2 and #5. The average score for attractiveness in FY 2003/2004 for this measure was 3.33. The score was translated into the reported results of 66.5% using the index outlined in Program Outcome Measure #2. While the reported result was accurate based on the index, the percentages of the index were not translated correctly as discussed in Finding #1 of Program Outcome Measure #2.

Finding #1: This measure is a continuation of Program Outcome Measure #2 and #5 for safety. The same comments and recommendations apply to this measure.

Recommendation #1: See recommendations for Program Outcome Measures #2 and #5.

Service Delivery Measure 76903-6:

Customer surveys indicate 68% are satisfied with facilities management's timeliness of response, the safety, functionality, and attractiveness of furnishings. Reported Result: 84.2%

Finding #1: This SDP measure stems from Program Measure #7. Auditors were able to confirm reported results were accurate with source documentation. The same comments and findings for Program Measure #7 apply to this measure.

Recommendation #1: See recommendations for Program Measure #7.

Service Delivery Measure 76903-7:

The Budget/Cost ratio (planned cost divided by actual cost) is at 1.0. Reported Result: 3.3

Audit staff verified the result of this measure using the Management by Objectives report for the last accounting period (14) of FY 2003/2004. The budgeted amount for the program was \$74,894.71. The program spent \$22,694.56. The ratio reported for the measure is correct.

No findings to note.

Service Delivery Measure 76904-1:

The Budget/Cost Ratio (planned cost divided by actual cost) is at 1.0 Reported Result .96

Audit staff verified the result of this measure using the Management by Objectives report for the last accounting period (14) of FY 2003/2004. The budgeted amount for the program was \$579,499.12. The program spent \$604,647.39. The ratio reported for the measure is correct.

No findings to note.

Service Delivery Measure 76905-01:

The Budget/Cost Ratio (planned cost divided by actual cost) is at 1.0. Reported Result: 0.80

Audit staff verified the result of this measure using the Management by Objectives report for the last accounting period (14) of FY 2003/2004. The budgeted amount for

the program was \$903,405.49. The program spent \$1,129,600.36. The ratio reported for the measure is correct.

No findings to note

Service Delivery Measure 76906-1:

The Budget/Cost Ratio (planned cost Divided by actual cost) is at 1.0. Reported Result: 1.19

Finding #1: The result was slightly overstated. Audit staff calculated the result of this measure using the Management by Objectives report for the last accounting period (14) of FY 2003/2004. The budgeted amount for the program was \$280,012.93. The program spent \$264,469.32. The auditor calculates the reported result was over by 0.13. The budget/cost ratio was reported as 1.19 and should have been 1.06.

Recommendation #1: Double check math calculations.

Section 3: Activity Details**Activity 769000:**

Provide janitorial services to facilities. Product: A square foot cleaned. Reported Result: 219,999

In March of 2003 the Department re-measured the facilities to solicit contract proposals for cleaning services. The new measurement for sites in this activity was 277,148 sq. ft. In FY2003/2004, Facilities Management incorrectly reported the old measurements. The budget was changed in FY2004/2005. There is not practical method by which auditors can verify facility measurements are accurate.

Finding #1: The reported square footage was incorrectly reported in FY 2003/2004 but was updated in FY 2004/2005.

Recommendation #1: Square footage should be verified periodically and MBO updated to reflect new number.

Finding #2: The auditor's calculation from the calculation sheets provided by the Program resulted in a figure of 227,320 square feet cleaned which is 7,321 square feet more than what was reported. Review of the Journal Vouchers revealed adjustments made to the calculations by the supervisor that were not reflected on the source

documentation. The 219,999 reported by the Program matches program calculation sheets when the Journal Voucher adjustments were accounted for.

Recommendation #2: Ensure adjustments are indicated on calculation sheets and source documentation is kept.

Finding #3: If the products for this Activity were actually a "square foot cleaned" then the reported products would be far above the square feet of the facilities because each square foot needs to be cleaned multiple times during the year.

Recommendation #3: Change the wording of the product definition to read "a building square foot."

Activity 769001:

Provide janitorial services to Columbia Sports Center. Product: A square foot cleaned. Reported Result: 21,447.2

In March of 2003 the Department re-measured the facilities to solicit contract proposals for cleaning services. The new measurement for the Columbia Sports Center was 19,735 sq. ft. In FY2003/2004, Facilities Management incorrectly over-reported the old measurement. The budget was changed in FY2004/2005. There is not a practical method by which auditors can verify facility measurements are accurate.

Finding #1: This Activity is the same as Activity 769000 except that it is specific to the Columbia Sports Center. All comments apply.

Recommendation #1: See Activity 769000 recommendations.

Activity 769002:

Provide Structural Repairs and Maintenance to City Facilities. Product: A Repair or Service Rendered. Reported Result: 947.50

Auditors could not verify this result due to the calculation/filing cross-referencing issue outlined in Finding #4 below.

Finding #1: The SOP documentation is incomplete. The documentation does not fully define the products tracked in the program, the data sources for the products or how the products are reported by program staff. The auditor noted line staff reporting work hours as products instead of a service or repair rendered.

Recommendation #1: Rewrite the SOP to accurately reflect products, data sources and reporting methodology.

Finding #2: Data quality could be an issue for this Activity. Confusion exists on the part of field staff filling out the weekly *Hours and Product Count Sheets*. On occasion, staff recorded hours as products. This explains why there is a half product in the number reported for FY 2003/2004 (947.5).

Recommendation #2: *Review product reporting processes periodically in weekly staff meetings.*

Finding #3: Facilities Management was reluctant to write directly on an official Finance document (the Receiving Reports) so products from vendor services were sometimes noted on Post-it Notes and attached to the Receiving Report forms to be counted for that period. Auditors could not substantiate the number of vendor products when the Post-its were missing. Facilities Management is now writing vendor products directly on the Receiving Reports. This is no longer an issue.

Recommendation #3: *Record products directly onto vendor receiving reports.*

Finding #4: Product results for each period are not always reported in that period. One staff member reports product results and is occasionally out of the office when period results are due to be recorded.

Facilities Management did not keep a log for FY 2003/2004 summarizing the total number of vendor products reported each period. This made it difficult to reconcile the numbers. Audit Staff had to go back to the Vendor Receiving Reports to verify what was reported within a period. When numbers do not match, it is very difficult to pinpoint the problem when there is no record of what specifically was counted.

Recommendation #4: *A log reflecting both staff and vendor products organized by period needs to be kept to reconcile product reporting to source documentation. Institute the use of a weekly tally sheet that summarizes each reporting period for both staff and vendor products (for now this can be done in Microsoft Excel as shown below).*

Reporting Period 1 Activity 76900X	STAFF PRODUCTS				
Name	Week 1	Week 2	Week 3	Week 4	Total
Staff 1	1	1	1	1	4
Staff 2	1	1	1	1	4
Staff 3	1	1	1	1	4
Staff 4	1	1	1	1	4
Staff 5	1	1	1	1	4
Staff 6	1	1	2	1	5
Total	6	6	7	6	25

VENDOR PRODUCTS		
Reporting Period 1		
Activity	Vendor	Product
769002	Vendor X	22
769002	Vendor Y	2
769002	Vendor Z	4
Total		28
769003	Vendor X	10
769003	Vendor Y	3
769003	Vendor Z	15
Total		28

Recommendation #5: Assign a staff member to review log product totals with the accounting period reports to reconcile the data and make corrections if required and establish a back-up system for reporting products every period.

Recommendation #6: Redesign the weekly sheet used by field staff to record products. Record only products on this sheet (the time card provides a record of the hours recorded in activities by staff). Create a section for staff to describe the recorded products and the location of the work (for example, if Field Staff Member X records 20 products on a Monday, he or she would also indicate that 12 products were for lubricating door hinges at the Public Safety Building and 8 products were for replacing ceiling tiles at the Senior Center). Recording products in this manner would provide weekly information for supervisors to assess if products have been recorded correctly. These sheets would also be a tool for analysis providing a clear record in one place of tasks accomplished in activities over a period of several years.

Recommendation #7: Ensure that field supervisors review both timecards and staff product sheets during the week to verify reported work, resolve data entry issues and then initial both the timecards and the product sheets at the end of the week. This verification and review for accuracy of data should be completed before timecards are signed by the Operations Manager and the product data reported into the City financial system.

Activity 769003:

Provide Maintenance and Repair on HVAC / Mechanical Systems. Product: A Repair or Service Rendered. Reported Result: 2,858.50

Auditors could not verify the reported result due to the calculation/filing cross-referencing issue outlined in Finding #4 for Activity 769002.

Finding #1: The comments and recommendations for this Activity are the same as for Activity 769002.

Recommendation #1: See Activity 769002 recommendations.

Activity 769004:

Provide Maintenance and Repair to Facility Security Systems. Product: A Repair or Service Rendered. Reported Result: 2,163.80

Auditors could not verify the reported result due to the calculation/filing cross-referencing issue outlined in Finding #4 for Activity 769002.

Finding #1: The comments and recommendations for this Activity are the same as for Activity 769002.

Recommendation #1: See Activity 769002 recommendations.

Activity 769005:

Provide Maintenance and Repair to Facility Fire Control Systems. Product: A Repair or Service Rendered. Reported Result: 142.50

Auditors could not verify the reported result due to the calculation/filing cross-referencing issue outlined in Finding #4 in Activity 769002.

Finding #1: The comments and recommendations for this Activity are the same as for Activity 769002.

Recommendation #1: See Activity 769002 recommendations.

Activity 769006:

Service City Facility Electrical Systems. Product: A Repair or Service Rendered. Reported Result: 2,948.50

Auditors could not verify the reported result due to the calculation/filing cross-referencing issue outlined in Finding #4 in Activity 769002.

Finding #1: The comments and recommendations for this Activity are the same as for Activity 769002.

Recommendation #1: See Activity 769002 recommendations.

Activity 769007:

Activity 769007: Service City Facility Plumbing Systems. Product: A Repair or Service Rendered. Reported Result: 615

Auditors could not verify the reported result due to the calculation/filing cross-referencing issue outlined in Finding #4 in Activity 769002.

Finding #1: The comments and recommendations for this Activity are the same as for Activity 769002.

Recommendation #1: See Activity 769002 recommendations.

Activity 769008:

Provide Maintenance and Repair to Columbia Sports Center. Product: A Square Foot Maintained. Reported Result: 282.50

Auditors could not verify the reported result due to the calculation/filing cross-referencing issue outlined in Finding #4 in Activity 769002.

Finding #1: The comments and recommendations for this Activity are the same as for Activity 769002.

Recommendation #1: See Activity 769002 recommendations.

Finding #2: The product for this Activity was defined in the FY 2003/2004 budget as a "square foot maintained." Unlike other activities in this program which are task specific, this activity groups all services at the Columbia Center (e.g. structural repairs (activity 769002), HVAC/mechanical systems (activity 769003), facility security systems (activity 769004), etc.) together into one number. The SOP product definition and the number of reported products for this fiscal year were actually "a repair or service rendered." The product for this activity was officially changed in the FY 2004/2005 budget to this definition.

Recommendation #2: Activity definition was changed in the FY 2004/2005 budget so there is no recommendation.

Activity 769009:**Abate Hazards. Product: A Hazard Abated. Reported Result: 216.50**

Auditors could not verify the reported result due to the calculation/filing cross-referencing issue outlined in Finding #4 in Activity 769002.

Finding #1: The comments and recommendations for this Activity are the same as for Activity 769002.

Recommendation #1: See Activity 769002 recommendations.

Finding #2: Auditors noted during the course of the audit that there were 441 service calls coded as emergencies and 216 calls coded as hazard abatement. Normally, one would think the number of hazards abated would far exceed the number of emergency calls. Emergency calls for this fiscal year far exceeded hazard abatement because staff coded all calls "needing immediate attention of facilities staff" as emergencies. With this definition, hazard abatement calls were included in the emergency call numbers. Management has already addressed this problem in the new Performance Budget by eliminating the "emergency" and "hazard abatement" classifications and using instead "urgent" and "non-urgent" classifications to code call types and work assignments.

Recommendation #2: Facilities Management has already addressed this issue with the new budget structure by differentiating only urgent and non-urgent calls.

Activity 769010:**Provide Pro-Active Facility Services. Product: A Work Hour. Reported products: 2343.2 work hours.**

The product for this activity is a work hour. There is no practical method by which audit staff could verify hours charged to timecards in FY 2003-2004.

Activity 769011:**Provide Painting Services. Product: A Square Foot Painted or Stained. Reported Result: 22,016.50**

Finding #1: Audit staff was able to verify products for all reported periods except for 150 products in periods 3 and 895 products in period 13 using invoices and product count sheets.

Recommendation #1: This Activity is similar to Activity 769002. All comments and recommendations for 769002 also apply to this Activity.

Finding #2a: The SOP indicates that the data source is work orders and time cards. The actual data source is staff weekly product count sheets and vendor receiving reports.

Finding #2b: There was no record of the locations of square feet painted by staff during FY 2003/2004.

Recommendation #2: Update SOP to define the data source used to track data and ensure data source defines the number of products and the location of the services rendered. The auditor recommends using the product sheet discussed in 769002 as the source document for this Activity as well.

Activity 769012:

Provide Modular Furniture Services. Product: A Service Provided. Reported Results: 33

Auditors could not verify the reported result due to the calculation/filing cross-referencing issue outlined in Finding #4 in Activity 769002.

Finding #1: The comments and recommendations for this Activity are the same as for Activity 769002.

Recommendation #1: See Activity 769002 recommendations.

Activity 769013:

Provide Free Standing Furniture Services. Product: A Service Provided. Reported Result: 41.

Auditors could not verify the reported result due to the calculation/filing cross-referencing issue outlined in Finding #4 in Activity 769002.

Finding #1: The comments and recommendations for this Activity are the same as for Activity 769002.

Recommendation #1: See Activity 769002 recommendations.

Activity 7690014:

Provide Facility Equipment Services. Product: A Service Provided. Reported Products: 48.5.

Auditors could not verify the reported result due to the calculation/filing cross-referencing issue outlined in Finding #4 in Activity 769002.

Finding #1: The comments and recommendations for this Activity are the same as Activity 769002.

Recommendation #1: See Activity 769002 recommendations.

Activity 769015:

Provide Administration and Operational Support. Product: A Work Hour. Reported products: 6289.5 work hours.

The product for this Activity is a work hour. There is no practical method by which audit staff could verify hours charged to timecards in FY 2003/2004.

Activity 769016:

Participate in Training. Product: A Work Hour. Reported Products: 960.4.

The product for this Activity is a work hour. There is no practical method by which audit staff could verify hours charged to timecards in FY 2003/2004.

Activity 769017:

Provide Capital and Infrastructure Project Services. Product: A Work Hour. Reported Products: 6.5.

The product for this Activity is a work hour. There is no practical method by which audit staff could verify hours charged to timecards in FY 2003/2004.

Activity 769018:

Plan, Coordinate and Inspect Facility Maintenance Operations. Product: A Work Hour. Reported result: 2,290.8.

The product for this Activity is a work hour. There is no practical method by which audit staff could verify hours charged to timecards in FY 2003/2004.

Activity 769019:

Provide Electricity. Product: A Kilowatt Hour Consumed. Reported Result: 6,413,287

The number of Kilowatt hours consumed comes from reports provided by the City's Finance Department. The Finance reports are generated from Pacific Gas and Electric (PG&E) data. The report information is then transferred onto a Facilities Management tracking sheet.

Finding #1: The auditor found a slight discrepancy between the total kilowatt hours consumed on the Facilities Management tracking sheet of 6,375,007 and the amount in the MBO report of 6,413,287 (a difference of 0.5%).

Recommendation #1: Staff should reconcile their data tracking sheets to the source documents at the time data is entered and should reconcile the tracking sheets with the accounting period reports at the end of each accounting period.

Activity 769020:

Activity 769020: Provide Gas. Product: A Therm Consumed. Reported Result: 164,502

The number of units of gas consumed comes from reports provided by the City's Finance Department. Finance reports are generated from Pacific Gas and Electric (PG&E) bills. The report information is then transferred onto a Facilities Management tracking sheet.

Finding #1: The auditor found a slight discrepancy between the total therms consumed on the Facilities Management tracking sheet of 163,104 and the amount in the MBO report of 164,502 (a difference of 0.8%).

Recommendation #1: Staff should reconcile their data tracking sheets to the source documents at the time data is entered and should reconcile the tracking sheets with the accounting period reports at the end of each accounting period.

Activity 769021:**Provide Water. Product: 100 Cubic Feet Consumed. Reported Result: 47,493.50**

The number of units of water consumed comes from reports provided by the City's Utility Billing, Collection, and Revenue Management Program which are transferred onto a Facilities Management tracking sheet.

Finding #1: Facilities Management's monthly tracking sheets did not match the supporting documentation. City Accounts Water Consumption Worksheets report 48,103.33 cubic feet consumed. Facilities Management's monthly tracking sheets reported 47,493.5; a difference of 609.83 (1.27%). The errors on the Program's monthly tracking sheets were in September and December.

Recommendation #1: Staff should reconcile their data tracking sheets to the source documents at the time data is entered and should reconcile the tracking sheets with the accounting period reports at the end of each accounting period.

Activity 769022:**Activity 769022: Provide Janitorial Services at the City of Sunnyvale Office Center. Product: A Square Foot Cleaned. Reported Result: 65,494**

In March of 2003, the Department re-measured the facilities to solicit contract proposals for cleaning services. The new measurement for the City of Sunnyvale Office Center was 35,000 sq. ft. In FY 2003/2004, Facilities Management incorrectly over-reported the old measurement. The budget was changed in FY 2004/2005.

Finding #1: This Activity is the same as Activity 769000 except that it is specific to the Sunnyvale Office Center. The same comments apply to this Activity.

Recommendation #1: See the recommendations for Activity 769000.

Activity 769023:**Provide Structural Maintenance at the City of Sunnyvale Office Center. Product: A Repair or Service Rendered. Reported Result: 44.**

Auditors could not verify the reported result due to the calculation/filing cross-referencing issue outlined in Finding #4 in Activity 769002.

Finding #1: The comments and recommendations for this Activity are the same as for Activity 769002.

Recommendation #1: See Activity 769002 recommendations.

Activity 769024:

Provide Maintenance/Repair on HVAC/Mechanical Systems at the Sunnyvale Office Center. Product: A Repair or Service Rendered. Reported Result: 209

Auditors could not verify the reported result due to the calculation/filing cross-referencing issue outlined in Finding #4 in Activity 769002.

Finding #1: The comments and recommendations for this Activity are the same as for Activity 769002.

Recommendation #1: See Activity 769002 recommendations.

Activity 769025:

Provide Grounds Maintenance. Product: A Repair or Service Rendered. Reported Result: 100

Auditors could not verify the reported result due to the calculation/filing cross-referencing issue outlined in Finding #4 in Activity 769002.

Finding #1: The comments and recommendations for this Activity are the same as for Activity 769002.

Recommendation #1: See Activity 769002 recommendations.

Finding #2: Auditors could not verify reported results. 100 products were reported in FY 2003/2004. No support documentation could be provided to verify what products constituted the reported number.

Recommendation #2: See Activity 769002 recommendations.

NOTE: In FY 2003/2004, the budgeted product definition for this Activity was "A Repair or Service Rendered." The product definition for this Activity in FY 2004/2005 was changed to "A Square Foot" to better capture maintenance services at the City of Sunnyvale Office Center.

Activity 769026:

Provide Plumbing/Electrical Services at the City of Sunnyvale Office Center. Product: A Repair or Service Rendered. Reported Products: 130.5.

Auditors could not verify the reported result due to the calculation/filing cross-referencing issue outlined in Finding #4 in Activity 769002.

Finding #1: The comments and recommendations for this Activity are the same as for Activity 769002.

Recommendation #1: See Activity 769002 recommendations.

Activity 769027:

Miscellaneous Service. Product: Work Hour. 209.5

The product for this Activity is a work hour. There is no practical method by which audit staff could verify hours charged to timecards in FY 2003/2004.

Attachment 1: Measure Statistics

		ACCURATE		NOT ACCURATE		CAN'T VERIFY					S O P		
	Measure	Accurate	Rounding Error		Not Accurate	Index		Work Hours	Square Footage	Due to cross referencing	Docs Missing		
1)	Outcome 1 (3 yr average)	1										1	
2)	Outcome 2 (Index)					1						1	
3)	Outcome 3 (Index)				1	0						1	
4)	Outcome 4 (Index)					1						1	
5)	Outcome 5 (Index)					1						1	
6)	Outcome 6 (Timeliness)									1		1	
7)	Outcome 7 (Gelfond)		1									1	
8)	Outcome 8 (budget ratio)		1									0	
9)	SDP 76901-1 (Index)					1						1	
10)	SDP 76901-2 (Gelfond)	1										1	
11)	SDP 76901-3 (Index)					1						1	
12)	SDP 76901-4 (budget ratio)	1										0	
13)	SDP 76902-1 (Outcome #1)	1										1	
14)	SDP 76902-2 (Index)					1						1	
15)	SDP 76902-3 (Index)					1						1	
16)	SDP 76902-4 (Timeliness - #6)									1	0	1	
17)	SDP 76902-5 (Index)					1						1	
18)	SDP 76902-6 (Gelfond)	1										1	
19)	SDP 76902-7 (budget ratio)		1									0	
20)	SDP 76903-1 (Outcome #1)	1										1	
21)	SDP 76903-2 (Index)					1						1	
22)	SDP 76903-3 (Index)					1						1	
23)	SDP 76903-4 (Timeliness - #6)									1	0	1	
24)	SDP 76903-5 (Index)					1						1	
25)	SDP 76903-6 (Gelfond)	1										1	
26)	SDP 76903-7 (budget ratio)	1										0	
27)	SDP 76904-1 (budget ratio)	1										0	
28)	SDP 76905-1 (budget ratio)	1										0	
29)	SDP 76906-1 (budget ratio)				1							0	
30)	Activity 769000 (sq. ft.)								1			0	
31)	Activity 769001 (sq. ft.)								1			0	
32)	Activity 769002 (sample)									1		1	
33)	Activity 769003 (sample)									1		1	
34)	Activity 769004 (sample)									1		1	
35)	Activity 769005 (sample)									1		1	
36)	Activity 769006 (sample)									1		1	
37)	Activity 769007 (sample)									1		1	
38)	Activity 769008 (sample)									1		1	
39)	Activity 769009 (sample)									1		1	
40)	Activity 769010 (work hour)							1				0	
41)	Activity 769011 (sq foot painted)									1	0	1	
42)	Activity 769012 (sample - svs prov.)									1	0	1	
43)	Activity 769013 (sample)									1		1	
44)	Activity 769014 (sample)									1		1	
45)	Activity 769015 (work hour)							1				0	
46)	Activity 769016 (work hour)							1				0	
47)	Activity 769017 (work hour)							1				0	
48)	Activity 769018 (work hour)							1				0	
49)	Activity 769019 (Kw hour) PG&E				1							0	
50)	Activity 769020 (therms) PG&E				1							0	
51)	Activity 769021 (cf H ₂ O)				1							0	
52)	Activity 769022 (sq. ft.)								1			0	
53)	Activity 769023 (sample)									1		1	
54)	Activity 769024 (sample)									1		1	
55)	Activity 769025 (Ground maint.)								1		0	1	
56)	Activity 769026 (sample)									1		1	
57)	Activity 769027 (work hour)							1				0	
Subtotal		10	3	Subtotal		5	11	Subtotal		6	4	18	38
% of 57 Measures		18%	5%	% of 57		9%	19%	% of 57		11%	7%	32%	67%
% of 29 Verified Measures		34%	10%	% of 29		17%	38%	% of 28		21%	14%	64%	
Total Accurate		13		Total Not Accurate		16		Total Can't Verify		28			
Total Verified		29		(13+16)									
% of 57 Accurate		23%		% of 57 Not Accurate		28%		% of 57 Can't Verify		49%			
% of 29 Verified Measures		45%		% of 29 Verified Measures		55%							